

qrulepubliccomments

From: KeenMeng_Yee@Singaporeair.com.sg
Sent: Tuesday, February 28, 2006 2:02 AM
To: qrulepubliccomments
Cc: Maria_Kormentza@Singaporeair.com.sg
Subject: Comments from SIA on CDC NPRM
Attachments: SIA comments on the Proposed Rule on Communicable Diseases.rtf

Attached below, comments from Singapore Airlines on NPRM regarding Communicable Diseases CFR42 Part 70/71.

Thank you.

From :
Manager Airport Safety & Procedures,
GROUND SERVICES (65414887)

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Singapore Airlines Limited, Co Regn No:197200078R

2/28/2006

COMMENTS FROM SINGAPORE AIRLINES (SIA) ON THE US CDC NPRM ON MODERNISING CONTROL OF COMMUNICABLE DISEASE

We refer to the Proposed Rule on Control of Communicable Diseases released by the Centers for Disease Control and Prevention (CDC) published on 30 November 2005.

SIA would like to submit the following comments on the main points of the Proposed Rule :

1. Bill of Health Proposal

(The NPRM proposes to allow the CDC to require a carrier at any foreign airport departing for any U.S. airport to obtain a bill of health from a U.S. consular or medical officer designated for such purpose.)

SIA requires more information on how this will be implemented. Situations which warrant the airline applying for the Bill of Health should be clearly spelt out and the process of obtaining such a bill of health must be communicated to carriers.

3. Airline Reporting Requirements

(The NPRM would require air carriers to report to the CDC any deaths or illnesses on board flights as soon as such deaths or illnesses are made known to the pilot, and, where possible, at least one hour before arrival.)

SIA submits that it is not always possible or easy to identify a passenger who is ill. A passenger may be ill, but symptoms may not be obvious to crew. For example, crew may not be aware that a passenger is running a temperature or has diarrhoea unless it is brought to their attention by the passenger experiencing the symptoms, or by other passengers. Where passengers have requested assistance, SIA crew would enlist the help of medical volunteers or International SOS to help assess the situation. However, if no report is made to the crew or no assistance is requested, it would be very difficult for crew to notice that a particular passenger may be suffering from a communicable disease and report it as required by the CDC. SIA would like CDC to clearly list the illnesses, and/or the symptoms of these illnesses, which would be required of carriers to report to CDC.

More detail is also required on how the designated contact person on board the aircraft should communicate with the CDC, should there be an 'ill person' on board.

4. Requirement that Airlines Communicate Public Health Information

(The CDC would be allowed to order airlines to disseminate to passengers and crew public health notices, recommended public health measures, and other information deemed necessary for preventing the introduction or spread of communicable diseases.)

Section 71.6 states that the information "shall be disseminated at the time and in

a manner specified" by the CDC. Guidelines should be provided as to what this entails of the carriers.

Currently, SIA already has communication channels in place to disseminate health information to crew. For passengers, such information could be made available via various channels, e.g. during reservations, check-in, or on our website.

5. Collection and Transmission of Passenger Data

(Carriers would be required to collect from each passenger and crew member the following information: 1) full name; 2) emergency contact information; 3) e-mail address; 4) current home address; 5) passport number or travel document number and issuing country; 6) name of travelling companions or group; 7) flight information; 8) returning flight information (date, airline number, and flight number); and 9) at least one current telephone number (either mobile, home, pager, or work). Carriers would be required to retain this information for 60 days and transmit it to CDC within 12 hours from CDC's request. Carriers also need to inform passengers as to the purpose of the information collection at the time the passengers arranged their travel.)

CDC proposes that additional data not currently collected under DHS' APIS be requested from passengers and kept electronically for 60 days.

SIA is already collecting some of the information required under CDC's proposed rule through our departure control system. As it is, we had recently enhanced our systems to capture the additional data elements, required under the US APIS Final Rule, at great expense. Our data collection system would have to be further enhanced, at significant financial cost, to capture this additional information required by CDC.

Crucially, our systems do not have the capability to store all the information collected from passengers for more than 2 days. The system would have to be upgraded to comply with the CDC's requirement that information be stored for 60 days. Owing to the large amount of information and the extended period of time the data must be kept, an enormous strain on our systems is expected.

SIA has no issues with the collection of the required information for crew as the information is already available. However, the information may not be readily available in the format required by the CDC. We need clarification on the type of electronic formats acceptable to CDC. Will CDC also accept hard copies of the information in place of electronic copies?

SIA is also concerned that the collection of the additional data will further burden reservations and airport operational processes, leading to long queues and congestion at check-in and departure gates, as well as delayed departures. This creates greater inconvenience and hassle for passengers, adding to the stress of travel.

6. Quarantine Proposal

(The proposed rule expands quarantine requirements for persons arriving in the U.S. who are suspected of having a communicable disease. Persons could be provisionally quarantined without administrative hearing for up to three business days, after which they would either be served with a quarantine order in the event they were infected, or released. They would be provided the opportunity for a full administrative hearing if served with a quarantine order. Foreign countries' consular offices would be notified if any of their nationals were quarantined.)

We note that although the consular office would be informed under the CDC's proposal should a foreign national be quarantined, no mention is made of informing the airline concerned. In particular, we feel that the airline should be informed should any of its crew members be quarantined.

In our opinion, 3 business days is too long a time to provisionally quarantine persons, especially if the quarantine period should fall over the weekend and/or public holidays.

7. Enforcement/Penalties

(Individuals violating any of the provisions under the proposed rule would be subject to a fine of up to \$250,000 or one year in jail, or both, and organizations violating the proposed rule's provisions could be subject to penalties of up to \$500,000 per violation. The designated Director of CDC would be authorized after consultation with other federal agencies, to detain a carrier until necessary requirements are met.)

SIA wishes to seek clarification on use of the term "individuals" in the NPRM. Does this refer to non-compliance by a passenger or by airline employees? We strongly object to the imposition of such stiff penalties (up to \$250,000 or one year in jail or both) for airline employees.

8. The following are SIA's comments on several issues which CDC is specifically soliciting feedback on :

9. Comments on relative merits of the analyzed alternative options presented in section VI, par. E (page 24), as well as on regulatory options that may fall outside the scope of the options analyzed, including but not limited to the scope of the passenger information collected

We feel that the amount of information required to be collected is excessive. For instance, CDC requires that 3 types of passenger contact information (telephone number, email and address) be collected. We are of the opinion that any one of the contact methods should suffice.

According to IATA Recommended Practices 1788, "if the health authority requests a list of other passengers who may have been exposed to infectious disease, the health authority should be advised to first utilize immigration records of the arriving passengers, such as landing cards, in order to determine the names and addresses of such passengers." As such, SIA feels that CDC should consider collecting the required information via a health declaration landing card on arrival in the US. It would be relatively simple to modify existing landing cards

for this purpose. This is a common practice in many other countries. The burden of collecting additional passenger data to fulfill CDC's needs should not be placed solely on airlines, which are already faced with meeting many other regulatory demands. Coming from the authorities, passengers would also be more inclined to provide full and accurate information, whereas collection by airlines could infringe on privacy laws, resulting in passengers unwilling to provide such details.

10. *The most efficient means of collecting accurate passenger contact information*

SIA believes that using landing cards would be the most effective way of collecting the information required by the CDC. This would ensure that the information collected for the CDC would be in a standard format, regardless of which carrier passengers travel on. In addition, landing cards are perceived by passengers as required information by the Government for entry into the country, and passengers are more inclined to provide full and accurate information, as compared to information given to airline representatives.

11. *An economic analysis, including the estimated costs, based on the assumption that data collection efforts could be coordinated with contemporary rulemaking efforts by other Federal agencies*

A simple estimate shows that in order for SIA to maintain its current service standards at reservations or check-in given the new data collection requirement, additional annual manpower costs of over US\$200,000 will be incurred. This **excludes** the cost of infrastructural enhancements like additional check-in counters, larger telephony capacity or system enhancements.